

APR 21 2004

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POSZ & BETHARDS, PLC

ATTORNEYS AT LAW

11250 ROGER BACON DRIVE, SUITE 10  
RESTON, VA 20190

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

TEL: (703) 707-9110  
FAX: (703) 707-9112  
WWW.POSZLAW.COM

DAVID G. POSZ  
CHARLES W. BETHARDS \*  
JAMES E. BARLOW \*  
BRIAN C. ALTMILLER  
ROBERT L. SCOTT, II

TERESA M. ARROYO \*

\*NOT ADMITTED IN VIRGINIA  
PRACTICE LIMITED TO FEDERAL PATENT, TRADEMARK  
AND COPYRIGHT MATTERS  
OF COUNSEL

+R. LOUIS BREEDEN  
++CARLETON C. ROBINSON  
++KAY H. HILL  
+ SENIOR PATENT AGENT  
++ TECHNICAL SPECIALIST

FACSIMILE TRANSMISSION

Date: 4/21/2004

Pages: 1 of 14

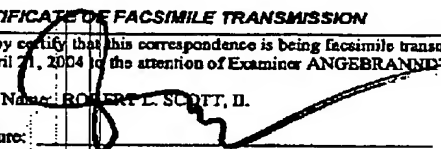
To: EXAMINER ANGEBRANNDT,  
Martin J.

From: Robert L. Scott, Reg. No. 43,102

Company: USPTO, art unit 1756

Fax No.: 703-872-9306

Subject: Response to Office Action for Application Serial No. 10/050,103  
(Atty. Docket 12-019)

Applicant: TAKADA Serial No.: 10/050,103 Filed: 03/25/2003 Title: METHOD OF FABRICATING HOLOGRAM SCREEN AND HOLOGRAM IMAGING APPARATUS	Atty. Dkt.: 12-019 Art Unit: 1756 Examiner: ANGEBRANNDT, Martin J.
<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 703-872-9306 on April 21, 2004 to the attention of Examiner ANGEBRANNDT of AU 1756. Typed Name: ROBERT L. SCOTT, II. Signature: 	

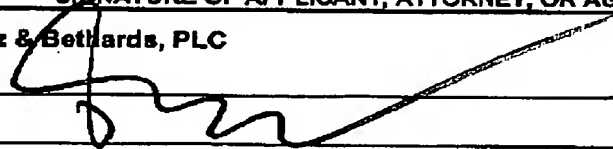
\*\*\*\*Notice\*\*\*\*

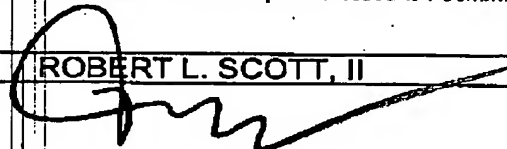
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This Form Based on PTO/SB/21

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/050,103
	Filing Date	1/18/2002
	First Named Inventor	TAKADA
	Group Art Unit	1756
	Examiner Name	ANGEBRANDT
	Attorney Docket Number	12-019


ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):    

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	21 April 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22323-14501.	
Type or printed name	ROBERT L. SCOTT, II
Signature	
Date:	21 April 2004

<b>FEE TRANSMITTAL for FY 2004</b>		<i>Complete if Known</i>	
		Application Number	10/050,103
		Filing Date	1/18/2002
		First Named Inventor	TAKADA
		Examiner Name	ANGEBRANDT
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit	1756
TOTAL AMOUNT OF PAYMENT (\$)		86	Attorney Docket No. 12-019

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>50-1147</b> Deposit Account Name: <b>POSZ &amp; BETHARDS, PLC</b> The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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<b>SUBMITTED BY</b>		<i>Complete if applicable</i>	
Name (Print/Type)	ROBERT L. SCOTT, II	Registration No. (Attorney/Agent)	43,102
Signature		Telephone	(703) 707-9110
		Date	21 April 2004

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